

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231A

300

5/25/05

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>3/30/05</u>		2 Serial/Patent # <u>10/524030</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing <u>Fee Change</u>		\$ <u>100.00</u>
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>100.00</u>
		8 TO BE REFUNDED BY: <u>CC</u>	
10 REASON:		<input checked="" type="checkbox"/> Treasury Check	
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	9 <u>06--1205</u>	
<input type="checkbox"/>	No Fee Due (Explanation):		
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant</u>	
SIGNATURE: <u>Rita White</u>		PHONE: <u>7308-9140 ext. 231</u>	
OFFICE: <u>DO/EO</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: